

Chapter 13 – Abbreviated Uniform Assessment Instrument (UAI) Form

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Important The required fields referenced in this chapter refer to system-required fields. These fields are required in order for the form to be saved in approved status.

 The information that is required due to policy may be different from those that are system required.

Person Administration Requirements

Introduction According to each form, certain fields are required within the Person Administration.

Required Fields for Approved Form Status Personal Details Page:
Customer *Legal Name* (First and Last Names)
Date of Birth
Gender
Marital Status
Veteran/Spouse of Veteran
Ethnic Background

Address Details Page:

Needs to have the Address Type of *Residence*
Street
City
County - If out of state - use County "ZZ"
State - If out of country - use State "ZZ"
Zip
Residence - Rural or Urban

Saving Form **Each navigational tab (page) must be saved before advancing to the next tab.** Once the save is successful the page will automatically forward to the next navigational level tab.

Customer Primary Navigation Tab

Requirement Add or update all customer and associate information before you begin.

Form Reference Page 1 of the Abbreviated Uniform Assessment Instrument (UAI) form

Main Secondary Navigation Tab

Required Fields All fields displayed on this page are required.

Note The form status will automatically be placed in Work in Progress status which will be uneditable until the form is saved. Once the form data entry is completed, then switch the Form Status field will be active.

Selecting an Assessor To select an assessor, type in the full or partial name and press enter. A search will be performed and a listing will be displayed. Click on the appropriate Assessors Name to select.

Continued on next page

Customer Primary Navigation Tab, Continued

Demographic Secondary Navigation Tab

KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer Functional Nutrition Service Plan Release Print View

Main **Demographics**

Income below poverty level?

Does customer live alone?

Does the customer have difficulty:

Communicating

Understanding Information

Remembering Information

SSN 963-25-8741

Indicates required for Approval

Required Fields *Income below poverty level?*

Does customer live alone?

Continued on next page

Functional Primary Navigation Tab

Form Reference

Page 1 of the Abbreviated Uniform Assessment Instrument (UAI) form

ADL Secondary Navigation Tab

KAMIS ID: **50000176** Name: **JETSON, GEORGE** PSA: **7** Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer **Functional** Nutrition Service Plan Release Print View

ADL IADL Risks

ADL Activities of Daily Living	Difficulty	No Difficulty
ADL Bathing	<input type="radio"/>	<input type="radio"/>
ADL Dressing	<input type="radio"/>	<input type="radio"/>
ADL Toileting	<input type="radio"/>	<input type="radio"/>
ADL Transferring	<input type="radio"/>	<input type="radio"/>
ADL Walking/Mobility	<input type="radio"/>	<input type="radio"/>
ADL Eating	<input type="radio"/>	<input type="radio"/>

ADL Indicates required for Approval

Required Fields All fields displayed on this page are required.

Continued on next page

Functional Primary Navigation Tab, Continued

IADL Secondary Navigation Tab

KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer **Functional** Nutrition Service Plan Release Print View

ADL **IADL** Risks

IADL Instrumental Activities of Daily Living	Difficulty	No Difficulty
IADL Meal Preparation	<input type="radio"/>	<input type="radio"/>
IADL Shopping	<input type="radio"/>	<input type="radio"/>
IADL Money Management	<input type="radio"/>	<input type="radio"/>
IADL Transportation	<input type="radio"/>	<input type="radio"/>
IADL Use of Telephone	<input type="radio"/>	<input type="radio"/>
IADL Laundry/Housekeeping	<input type="radio"/>	<input type="radio"/>
IADL Medication Management, Treatment	<input type="radio"/>	<input type="radio"/>

IADL Indicates required for Approval

Required Fields All fields displayed on this page are required.

Continued on next page

Functional Primary Navigation Tab, Continued

Risks
Secondary
Navigation Tab

KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer	Functional	Nutrition	Service Plan	Release	Print View
ADL	IADL	Risks			

Are there concerns of possible Abuse, Neglect, and/or Exploitation?

Does the customer have difficulty with chores (i.e. mowing the lawn)?

Indicates required for Approval

Required Fields All fields displayed on this page are required.

Continued on next page

Nutrition Primary Navigation Tab

Form Reference

Page 2 of the Abbreviated Uniform Assessment Instrument (UAI) form

Nutrition Risks Secondary Navigation Tab

KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer Functional **Nutrition** Service Plan Release Print View

Risks Eating Problems Eating Patterns

Ask the Customer the following questions

Do you eat daily?	Yes/No	Comments	Score
less than 2 meals?	<input type="text"/>	<input type="text"/>	3
less than 2 servings of fruits and vegetables?	<input type="text"/>	<input type="text"/>	1
less than 2 servings of dairy products?	<input type="text"/>	<input type="text"/>	1
less than 6 glasses of liquids?	<input type="text"/> # of glasses	<input type="text"/>	0
3 or more alcoholic beverages?	<input type="text"/>	<input type="text"/>	2
3 or more medications?	<input type="text"/>	<input type="text"/>	1
Dental problems make it difficult to eat?	<input type="text"/> Which?	<input type="text"/>	2
Eating habits changed due to illness?	<input type="text"/> What?	<input type="text"/>	2
Physically unable to shop, cook eat?	<input type="text"/> Which?	<input type="text"/>	2
Eat alone most of the time?	<input type="text"/>	<input type="text"/>	1
Do not have enough money to buy food?	<input type="text"/>	<input type="text"/>	4
Gained/lost more than 10 pounds in 6 months?	<input type="text"/> Gained/lost <input type="text"/>	<input type="text"/>	2
<input type="text"/> Gained <input type="text"/> Lost			
Total Nutrition Risks Score			<input type="text"/>

Required Fields If any option is answered "Yes" then *Comments* field is required.

Hint Select just the "Yes" on the appropriate questions. Other fields can be left blank. Blank will default to "No" in the database. However, "No" will not be displayed on the form.

Continued on next page

Nutrition Primary Navigation Tab, Continued

Eating Problems Secondary Navigation Tab

KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer Functional **Nutrition** Service Plan Release Print View

Risks **Eating Problems** Eating Patterns

Ask the Customer the following questions

Would you say that your appetite is:

0 of 2000

Do any of the following cause you problems or effect your ability to eat? YES/NO

Swallowing

Taste

Nausea, Vomitting

Cutting up food

Opening Containers

Food allergies (specify)

0 of 2000

No Concerns

Save

Required Fields No fields displayed on this page are required.

However, if "Food Allergies" is selected then a comment in *Specify* is required.

Continued on next page

Nutrition Primary Navigation Tab, Continued

Eating Patterns Secondary Navigation Tab

KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer Functional **Nutrition** Service Plan Release Print View

Risks Eating Problems **Eating Patterns**

How often do you:	No	Yes	How Often?
Skips meals and just snacks, "piece", through the day?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Lack the energy or desire to fix a meal?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Find you don't know what to fix or can't fix small portions?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Forget to turn the stove off or burn food?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Lack the desire to eat or fix a meal?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Eat restaurant or fast food?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Leave home?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
if not, why?	<input type="text"/>		
	0 of 2000		
What do you eat in a typical day?	<input type="text"/>		
	0 of 2000		
Comments	<input type="text"/>		
	0 of 2000		

Required Fields No fields displayed on this page are required.

However, if "Yes" is selected then a comment in *How Often?* is required.

Service Plan Primary Navigation Tab, Continued

Modified Diet Secondary Navigation Tab

KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Ask the Customer the following questions

Are you following any modified diet(s)? Are any of the diets doctor prescribed?

Check each modified diet followed: Check if doctor prescribed and indicate the name of the doctor

Low sodium (salt) <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diabetic <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mechanical <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Renal <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diverticulitis <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Vegetarian <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Pureed <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ethnic/Religious <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Required Fields If completed:

Are you following any modified diet(s)?

If the answer is "yes" then at least one selection in the first column is required for each modified diet followed.

Are any of the modified diets doctor prescribed?

If the answer is "yes" then at least one selection in the second column is required for doctor prescribed modified diets.

If the above is answered "yes" the ***Indicate the Name of the Doctor*** field is required.

Continued on next page

Service Plan Primary Navigation Tab, Continued

Homebound Secondary Navigation Tab

KAMIS ID: **50000176** Name: **JETSON, GEORGE** PSA: **7** Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer	Functional	Nutrition	Service Plan	Release	Print View
Help Prepare Food	Modified Diet	Homebound			

Ask the Customer the following questions

Is the Customer:

Physically Homebound

Socially Homebound

Isolated

Participant Status

60+ ELIGIBLE PERSON

SPOUSE, REGARDLESS OF AGE, OF 60+ ELIGIBLE PERSON

DISABLED PERSON, REGARDLESS OF AGE, RESIDING WITH 60 ELIGIBLE PERSON

60+ NON-SPOUSE CARETAKER (IIB HOME-DELIVERED MEALS ONLY)

NOT APPLICABLE

Do you recommend a referral to the Area Agency for in-home service?

No Customer Refuses Yes

Date of Referral (mm/dd/yyyy)

Indicates required for Approval

Required Fields All fields displayed on this page are required.

Continued on next page

Support Services Primary Navigation Tab

Form Reference Lower portion of Page 3 of the Abbreviated Uniform Assessment Instrument (UAI) form.

Support Services Card

KAMIS ID: **50000176** Name: **JETSON, GEORGE** PSA: **7** Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

[Customer](#) [Functional](#) [Nutrition](#) [Service Plan](#) [Release](#) [Print View](#)

***** **Nutrition Assessment Form Completion** *****

Release of Information:

Has the form been signed to release the information to the Kansas Department on Aging, AAA and service provider as listed above?

Who signed the form?

Required Fields All fields displayed on this page are required.

Plan of Care / Unmet Needs For Plan of Care and Unmet Needs entry, the individual chapters for detailed instructions.

Print View

Form Reference

This tab will give the opportunity to print the assessment information in its entirety. The format will not be in the same arrangement as the form, but it will be divided into sections of information according to the paper form. This will open in a separate window from the assessment.

Print View

The grayed background area indicates the information is from Person Administration

When printing the pages will separate as indicated.

Kansas Department on Aging - Abbreviated Uniform Assessment Instrument
 DEVELOPMENT Viewed on: 04/30/2007 03:53:37 PM by: TRAININGUSER page 1

KAMIS ID: 50000176	Birth Date: 07/04/1920	Age: 86	Customer SSN: 963258741
Name: GEORGE JETSON	Gender: MALE	Marital Status: MARRIED	Medicaid Card ID:
Name Preferred:	Veteran/Spouse of Veteran: Y	Medicare Card ID:	

Customer Ethnicity Type: NOT HISPANIC OR LATINO
 Customer Ethnicity: WHITE NON-HISPANIC

Customer Speaks: ENGLISH
 Customer Reads: ENGLISH
 Customer Understands: ENGLISH

Current Addresses:	Address Type: RESIDENTIAL	Effective Date: 01/01/2007	Termination Date:
	Location: URBAN	County: SN - SHAWNEE	
101 SKYPAD APARTMENTS			
ORBIT CITY, KS 66601-1111			
Primary Phone: 7852964987	Alternate Phone:	Cell Phone:	Fax:
E-Mail:	Website:		
Directions:			

Roles:	CUSTOMER	ACTIVE	Effective Date: 01/01/2007	Termination Date:
Associates:	EMERGENCY CONTACT	SPOUSE	Effective Date: 04/01/2007	Termination Date:
		JETSON, JANE	785-296-6459	
	FINANCIALLY RESPONSIBLE FOR CO-PAY/CUSTOMER OBLIGATION	CONSERVATOR	Effective Date: 01/01/2007	Termination Date:
		SPACELY, COSMO G.	785-296-4987	

Kansas Department on Aging - Abbreviated Uniform Assessment Instrument
 DEVELOPMENT Viewed on: 04/30/2007 03:53:37 PM by: TRAININGUSER page 2

Customer: 50000176 - JETSON, GEORGE
 PSA: 7 Assessment Nbr: 50000378 Assessment Date: 01/29/2007

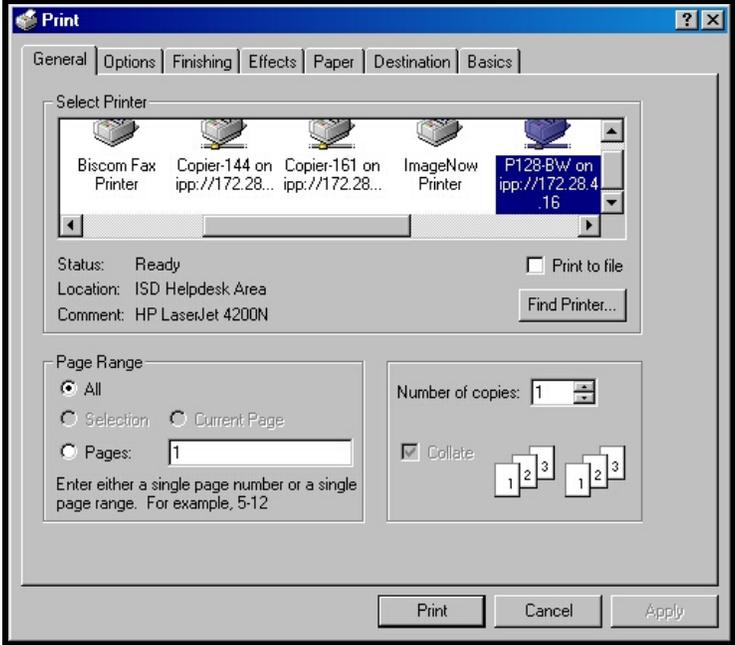
Form Status: WORK IN PROGRESS Disaster Red Flag:

Continued on next page

Print View, Continued

To Print

Follow the steps in the table below to complete the Customer Referral process.

Step	Action	Result						
1.	Click on the printer icon at the top right of any region.	Printer dialog box will display. (This may look different depending upon your printer and the options available.)						
								
2.	Select the Page Range	See table below for options.						
<table border="1"> <thead> <tr> <th>Option</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td>All</td> <td>All pages will print</td> </tr> <tr> <td>Pages (enter the page number)</td> <td>Only the specified page will print.</td> </tr> </tbody> </table>			Option	Result	All	All pages will print	Pages (enter the page number)	Only the specified page will print.
Option	Result							
All	All pages will print							
Pages (enter the page number)	Only the specified page will print.							
3.	Click on Print .	Document will print.						

To Close

The window can be closed by clicking on the  in the right upper corner.